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jumping out of bed and dashing the medicine to the floor, the old wife was shocked and puzzled at his unwonted behavior. "Ain't that too bad! I never did see father behave like that before!" and as soon as consciousness returned the old gentleman was remonstrated with for his obstreperous conduct.

Nature does many wonderful things, and after a comatose night, stertorous breathing, and pounding pulse; after a later night of delirium, Cheyne-Stokes respiration, picking at the bed-clothes, and various other such manifestations, she got this old gentleman of eighty-three finally happily out of bed, and sent him driving across the mountains.

NURSING IN OLD MEXICO

BY OLIVE PURVES

Superintendent of Nurses, American Hospital, City of Mexico

THE work and social standing of the graduate nurse are as yet but imperfectly apprehended by the public in old Mexico, and for this reason it is still an easy matter for the untrained and ignorant woman to find employment in caring for the sick. It is, at the same time, a good deal of a struggle for the educated nurse to obtain the professional and social recognition accorded her in her own country.

There are at the present time twenty-four graduate nurses doing private duty in the City of Mexico, three of whom are men.

Existing conditions in regard to the care of the sick are the inevitable result of the fact that for generations this responsible duty was relegated to women of the "Sairey Gamp" type—women of no education and of questionable habits and perhaps more questionable morals. Progress is being made, however, in the education of the public in this matter, though there are yet many families who will employ an unskilled woman and pay her the same price as that asked by a trained nurse—five dollars gold per day. The following incident will demonstrate how low are the standards.

The wife of one of the leading medical men of the city became interested in the widow of a plumber, and, wishing to aid the bereaved woman, suggested to her husband the propriety of giving the widow some nursing to do. The doctor in question consequently recommended his wife's protégée to a brother physician, who placed the woman in charge of an operative case. The day following the operation the patient questioned the nurse concerning her temperature, and was frightened nearly into fits when informed that it was 40 C.

(104° F.). The quasi-nurse reassured the patient by telling her that she "did not consider that *anything* of a temperature. Indeed," she went on to say, "my patients often have a great deal higher fever than that!" When the husband came home he also was very much alarmed, and insisted that the nurse verify her observation by taking the temperature again. Again it was found to be 40 degrees C. Later the doctor came, and could see nothing in the patient's condition to indicate so high a fever. He at once used his own thermometer, and found the temperature normal! Nobody concerned seemed to mind the fact that the nurse had made so grievous a mistake, as she was not only retained on that case but was kept busy with subsequent ones. The value to both doctor and patient of accurate and intelligent observation does not seem to be appreciated by any class.

For general work the private nurse receives five dollars gold per day. Contagious and obstetrical cases command from seven and a half to ten dollars, but it must be remembered that the cost of living is much higher here than at home, which more than balances the greater compensation for work.

If buildings and equipment can make a hospital, then does the City of Mexico boast of having one of the finest hospitals, if not the very finest, in the world. The new General Hospital is a model. It has accommodations for more than a thousand patients, with every provision for the segregation of all classes of patients. It has been in operation for not more than a year, and during the last few months has started a training-school for nurses, with an American graduate nurse as superintendent, who has also an assistant from an American training-school. The entire idea of preparing young Mexican women to be self-supporting is so new to these people that the work is peculiarly difficult. The early home training of the girls has not been such that they enter the school prepared to profit by the special advantages to be found there. The work must begin at the very foundation, and not only new habits of living and thought must be taught, but the old ones broken up and a totally new point of view substituted. Like all pioneer work, it is slow, and often discouraging and seemingly hopeless.

The American Hospital is older than the General, and employs graduate nurses to care for its patients.

A nurse sees much the same diseases here as at home. The one unique experience is in caring for true typhus fever, a disease almost unknown in countries where any attention is paid to sanitation and the most elementary principles of hygiene. While typhus and small-pox are about equally prevalent, the former is much more feared by

the natives. It is endemic, but cases are more numerous and serious during the rainy season than at other times of the year.

The onset of the disease is sudden, with alternate chills and fever, headache, distressing pains in the back and limbs, loss of appetite, sometimes vomiting, great prostration, restlessness and sleeplessness, the intensity of the infection making these symptoms more or less marked. Foreign physicians often find difficulty in making a positive diagnosis of the disease in its early stages, so nurses often have a good chance to watch its onset and early development. We have here at the American Hospital a typhus isolation ward, to which all cases are sent as soon as they are recognized. A special nurse is put in charge, and after that nothing is seen of the case until its termination.

In some ways typhus fever resembles typhoid. The appearance of patients in the second week of the former fever suggests the third week of the latter. The condition of the tongue, moist in the early stages, later becomes like the typhoid tongue, dry and brown, and often cracked. There is the same restlessness, sleeplessness, and delirium, or perhaps coma, or coma vigil. During the first week there is a general venous congestion of the face and conjunctiva, and a dull, apathetic expression. Retention of urine is one of the early as well as one of the latest symptoms. The characteristic "mulberry rash" appears from the fourth to the seventh day and is constantly present, varying in its extent, and appearing in irregular roundish patches, not unlike the eruption of measles. The pulse is feeble, the respiration shallow, and the skin clammy. The temperature rises rapidly after the onset of the disease, and reaches its maximum height between the fourth and seventh day, when it ranges from 104° to 106° F. For about ten days the fever remains steadily high, after which there are morning remissions. About the fourteenth day the temperature breaks, and may fall suddenly or the disease may terminate by lysis like typhoid. As may be supposed, this crisis is the time when the greatest watchfulness is necessary, and failure on the part of a nurse to realize the true condition may cost a life which would otherwise have been saved. The treatment consists mainly in an abundance of fresh, *clean* air, heart stimulants, intestinal antiseptics, and just as much good nursing as the most intelligent and conscientious nurse can give.

There seems no certainty as to the means of transmission of the contagion, though it is thought to be from the emanations from the skin of the patient, vitiating the contiguous air, and the bed and body clothing. A Mexican physician told me that the greatest danger for a nurse lay in the inhalation of the impure air, and on this point all

doctors seem to agree. Nurses and other attendants are enjoined to keep all doors and windows open, and, while keeping the patient in plain sight, to sit outside of the immediate confines of the sick-room. If these directions are faithfully followed, there seems but little danger to one nursing this terrible disease.

THE TRAINED NURSE IN THE PUBLIC SCHOOLS, AS A FACTOR IN THE EDUCATION OF THE CHILDREN*

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(Read at the meeting of the Medical Society of the State of Pennsylvania, held at Bedford Springs, September 11-13, 1906.)

MEDICAL inspection in the public schools is not a new or modern innovation. As early as 1843, in Paris, the public schools were required to have a physician visit them, to inspect the buildings, and the general health of the children. And even ten years previous to this, a crude inspection was practised in the same city. In 1884, a more thorough system of medical inspection, with explicit duties for the physician, was inaugurated. This same year saw the dawn of the first systematic medical inspection in America, when the city of Boston employed fifty inspectors, each to have charge of a school district. Boston's excellent example was followed in 1895 by Chicago, in appointing nine inspectors, each in charge of thirty schools. In New York City, one hundred and forty-five physicians were appointed in March, 1897, to visit the schools daily. Since that time Philadelphia, Hartford, Milwaukee, Salt Lake City, Baltimore, and other cities have adopted similar inspections.

At first the principal object of the inspections was the detection of unrecognized cases of contagious diseases, by which means it was believed much could be done to prevent their further spread. Since, however, the scope of the work has widened greatly, and the benefits derived therefrom are numerous. For one to appreciate the value of the trained nurse in the public schools and as a factor in the education of the children, I must give a brief résumé of the benefits of medical inspection.

Of no small importance is the sanitary inspection of the public school buildings. About twice a year every school is inspected thoroughly as to its cleanliness, heating, lighting, ventilation, air-

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